11884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 3 yrs. 8 mos. 17 dys

Stay in this community (yrs., or mos., or days) 3 y. 8m. 17 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Balto. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3557 Sweetair St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ashley Eugene Allen

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 17, 1906

8. AGE: Years 33 | Months 7 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Culpepper, Va.
(Town, county, and state)

10. Usual occupation: No reg. employ.

11. Industry or business

FATHER
12. Name: Wm. Edward Allen
13. Birthplace: Culpepper, Va.

MOTHER
14. Maiden name: Lena Hawkins
15. Birthplace: Culpepper, Va.

16. Informant: Records of Springfield State Hosp. Sykesville, Md.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19, 1939 (month) (day) (year)

Cemetery or crematory St. Mary's Hampden

Location Roland Ave

18. Funeral director Chenoweth & Donovan

Address 3615-17 Chestnut Ave

19. Dec 16 1939 (Date rec'd by registrar) C Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 4.05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1939 to December 16, '39 and that I last saw him alive on December 16 1939.

Immediate cause of death Cachexia

Due to Multiple Sclerosis

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
Prior to 1936
8 yrs
15 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Alan Jacobs M. D. or other

Address Springfield State Hosp. Date signed Dec 16 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 26 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

11885

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 mos. and 23 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No record

3. (a) FULL NAME William Henry Artz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1852

8. AGE: Years	Months	Days	If less than one day
87	8	1	hrs. min.

9. Birthplace Williamsport, Md.
(Town, county, and state)

10. Usual occupation Express business and lunch room

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Springfield Hospital Record
Address Sykesville, Md.

17. ~~Dr. Burial~~ (Burial, cremation, or removal Which?) Date thereof Dec 19 1939 (month) (day) (year)

Cemetery or crematory River view

Location Williamsport Md

18. Funeral director Erich V Graf

Address Williamsport

19. Dec. 16 1939 (Date rec'd by registrar) Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 3:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 1939, to Dec. 16 1939, and that I last saw him alive on Dec. 15 1939.

Immediate cause of death Cerebral arteriosclerosis

DURATION Prior to 8/22/39.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry F. Baer, M.D., M. D. or other

Address Sykesville, Md. Date signed 12-16-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11886

92-a

Reg. Dist. No. 75

1. PLACE OF DEATH:

County Carroll

City or town Manchester, Md. R.D. 1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Littlestown, PA. R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Henry Bachman

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mandilla (Wildasin) Bachman

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-18-1860

8. AGE: Years 79 | Months 6 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace Carroll Co. Maryland.
(Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business On Farm

FATHER
12. Name Samuel Bachman
13. Birthplace Maryland

MOTHER
14. Maiden name Leah Myers
15. Birthplace Maryland.

16. Informant Chester C. Maanner

Address Manchester Md. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec-3-1939 (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Silver Run-Maryland.

18. Funeral director J. W. Little & Son.

Address Littlestown, PA. Per R.A.L.

19. Dec. 2 1939 (Date rec'd by registrar) Mrs. W. R. S. Denner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1939, at 8-30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Dec 1 1939, and that I last saw him alive on Nov 30 1939.

Immediate cause of death Endocarditis

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Crouse, M.D. M. D. or other

Address Littlestown Date signed 12/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (930)

CERTIFICATE OF DEATH

11887

Reg. Dist. No. 8-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Rural Near Woodbine
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Rural Near Woodbine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Day Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Kate S. Barry

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Peter O. Barry

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 21 1848

8. AGE: Years	Months	Days	If less than one day
91	6	11	hrs. min.

9. Birthplace: Carroll Co.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: John B. Kartsell

FATHER — 13. Birthplace: Frederick Co.

MOTHER — 14. Maiden name: Ruth Sowell

MOTHER — 15. Birthplace: Carroll Co.

16. Informant: Mrs. Barry Aymgs

Address: Woodbine Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10, 1939 (month) (day) (year)

Cemetery or crematory: Morgan Chapel Cmty

Location: Day Md.

18. Funeral director: C. M. Walty

Address: Winfield Md.

19. Dec 10 (Date rec'd by registrar) 1939 Edna M Hewitt Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 8 1939, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Dec 8 1939, and that I last saw h[illegible] alive on Dec 7 1939.

Immediate cause of death: Chronic Myocarditis — DURATION

Due to: Senile Infirmities of age

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C M Van Poole M. D. or other

Address: Mt Airy Md. Date signed 12-9-39

RECEIVED
JAN 8 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11888

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (109)

County Carroll — Registration Dist. No. 81

Village or City Union Bridge — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 6 mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Margaret Lavinia Boone — If U. S. Veteran, specify WAR —

(a) Residence: No. Union Bridge St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 29-1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

FATHER

13. NAME Edwin L. Boone

14. BIRTHPLACE (city or town) (State or country) Johnsville Md.

MOTHER

15. MAIDEN NAME Myrtle M. Miller

16. BIRTHPLACE (city or town) (State or country) Key Mar Md

17. INFORMANT (Address) Edwin L. Boone Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hanover Church Cem. Date June 2, 1940

19. UNDERTAKER D. D. Hartley & Sons

(Address) Union Bridge, Md.

20. FILED Jan. 2, 1940 — Registrar.

Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 31 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 4-30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pneumonia, unspecified, cause of	
Pneumonia (Probably)	12/24/39
Unable to say whether lobar, bronchial, or in type.	
Other **Contributory Causes** of Importance:	
Diagnosis made from history. Physician did not see child until after death.	

Name of operation — Date of —

What last confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) J. T. Marsh Deputy Medical Examiner M. D.

(Address) New Windsor Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11889

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town near Taneytown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Carroll
City or town near Taneytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry J. Boyer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
M	Wh.	Married

6 (b) Name of husband or wife Myrtle G. Eyler Boyer
6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Dec. 21. 1889

8. AGE: Years	Months	Days	If less than one day
49	11	24	hrs. min.

9. Birthplace Maryland (town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Boyer
13. Birthplace Maryland
MOTHER 14. Maiden name Elsie Summers
15. Birthplace Maryland
18. Informant Mrs Harry J. Boyer
Address Taneytown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 18. 1939 (month) (day) (year)
Cemetery or crematory Mt Hope
Location Woodsboro Md.
18. Funeral director Buell & Albaugh
Address Woodsboro, Md.
19. Dec. 15. 1939 (Date rec'd by registrar) Ethel M Mehring Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939 at 10:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 15 1939 to Dec 14 1939 and that I last saw him alive on Dec 14 1939

Immediate cause of death Myocarditis — DURATION 1937

Due to

Due to Acute dilatation of heart. Dec 15 1937

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Roland R. Diller M.D.
M. D. or other
Address Detour Date signed 12/15/39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11890

Reg. Diat. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County City

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 906 N. Monroe St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice O. Burton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1884

8. AGE:

Years	Months	Days	If less than one day
55	4	17	hrs. min.

9. Birthplace Lancaster City Pa.

(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business

FATHER 12. Name Frank Burton

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Croasdale

15. Birthplace Delaware

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11 1939 (month) (day) (year)

Cemetery or crematory Mission Cemetery Montgomery Co. Md.

Location

18. Funeral director Harry F. Weitzel

Address H101 Edmondson Ave

19. Dec 8 1939 (Date rec'd by registrar) C.O. Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1939, to Dec. 7 1939

and that I last saw her alive on Dec. 7 1939.

	DURATION
Immediate cause of death Pellagra	Known
	Dec. 4, 1939
Due to	
Due to	
Other conditions Secondary Anemia, Nutritional Edema	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ruth M. Williams, M.D.

M. D. or other

Address Sykesville, Md. Date signed 12-7-'39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 12 1939
FORT LEAD V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-ad)

CERTIFICATE OF DEATH

11891

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Rural Near Mt Airy

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 49 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Rural Near Mt Airy Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Henry Cannington

3. (b) Social Security Number —

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Sarah Cannington

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan. 1. 1855

8. AGE: Years: 84 | Months: 11 | Days: 13 | If less than one day: — hrs. — min.

9. Birthplace: Lisbon Howard Co Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER

12. Name —

13. Birthplace W. Va

MOTHER

14. Maiden name —

15. Birthplace Md

16. Informant: Carrie County Welfare Board

Address: Westminster Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Dec. 16 1939 (month) (day) (year)

Cemetery or crematory ~~Lutheran~~ White Rock

Location Near Barretts Carroll Co

18. Funeral director H. M. Snyder

Address Mt. Airy

19. Dec 16 1939 Wm. H. Snyder

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1939, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Due to: —	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. J. Rhoad Deputy Medical Examiner M. D. or other

Address New Windsor Md Date signed 12/13/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

11892

CERTIFICATE OF DEATH

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH

County Carroll

City or town Hampstead Md R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 41 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Marylande County Carroll

City or town Hampstead R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Reba Marie Cooper.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or ~~wife~~: Charles Henry Cooper

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 29, 1898.

8. AGE: Years 41 | Months 8 | Days 11 | If less than one day: hrs. min.

9. Birthplace Rew Hampstead, Balto Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles Wesley Schultz

13. Birthplace Hampstead Md.

MOTHER
14. Maiden name Celemona Shaffer

15. Birthplace Hampstead Md.

16. Informant Charles H. Cooper.

Address Hampstead Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13/39 (month) (day) (year)

Cemetery or crematory Hampstead

Location Hampstead Md

18. Funeral director Edw C Tipton

Address Hampstead Md

19. 12/10 1939 (Date rec'd by registrar) John S. Hughes Jr, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1939, at 1 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1939, to Dec 10 1939, and that I last saw h alive on Dec 10 1939.

	DURATION
Immediate cause of death: Generalized Cyanosis	
Carcinoma of Rectum	18 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma Rectum & metastasis & Liver

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph E. Buck M.D.
M. D. or other

Address Hampstead Md Date signed 12-10-39

RECEIVED
JAN 3 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

CERTIFICATE OF DEATH

11893

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Westminster

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 143 East Main Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 317 East Main Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Nancy Isabel Eckard

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 24-1907

8. AGE: Years 32 | Months 8 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Westminster Md (Town, county, and state)

10. Usual occupation Trained Nurse

11. Industry or business

FATHER

12. Name William M. Eckard

13. Birthplace Maryland

MOTHER

14. Maiden name Catherine O. Dell

15. Birthplace Maryland

16. Informant Mrs. Margaret Hoover

Address 143 E. Main St. Westminster Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 13 39 (month) (day) (year)

Cemetery or crematory Westminster Cem.

Location Westminster Md.

18. Funeral director J. E. Myers Jr.

Address Westminster Md.

19. 12 12 1939 L. K. Woodward (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION ~~Proof~~ After

20. DATE OF DEATH December 10 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Strangulation &

Due to Hanging.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, ~~or homicide~~ Suicide Date of 12/10/39

Where did injury occur? Westminster (City or town) Carroll (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury — Injured at work? —

23. SIGNATURE Jas. T. Marsh Deputy Medical Examiner M. D.

Address New Windsor Md Date signed 12/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

11894

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll Co.

City or town Westminster

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 11 Park Ave.

Stay in hospital or inst. (yrs., or mos., or days) x

Stay in this community (yrs., or mos., or days) about 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 Park Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR x

3. (a) FULL NAME Virginia Roberts Erb

3. (b) Social Security Number x

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ E. Lee Erb

Westminster, Md. 6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb. 8. 1874

8. AGE: Years 65 Months 8 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace New Windsor, Carroll Co. Md.

(Town, county, and state)

10. Usual occupation House - wife

11. Industry or business —

FATHER

12. Name Francis M. Roberts

13. Birthplace Littlestown, Pa.

MOTHER

14. Maiden name Mary B. Crisivell

15. Birthplace Carroll Co. Md.

16. Informant E. Lee Erb

Address 11. Park Ave. Westminster Md.

17. Burial (Burial, ~~cremation~~, ~~or removal~~, which?) Date thereof 1 (month) 2 (day) 40 (year)

Cemetery ~~or crematory~~ Westminster Cem.

Location Westminster Md.

18. Funeral director J. E. Myers Jr.

Address Westminster Md.

19. 12/30 (Date rec'd by registrar) 19 [illegible] Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939, at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18, 1939, to Dec. 29, 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death Acute dilatation of heart

Due to Coronary Sclerosis

Due to Diabetes mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

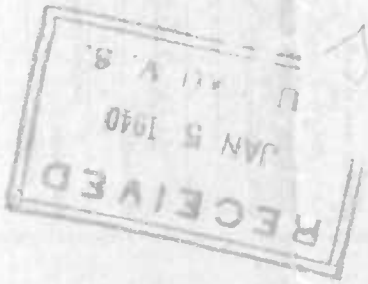
23. SIGNATURE E. Reese Wilkens M. D. or other

Address Westminster Date signed Dec 30 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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JAN 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11895

74

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 7 mo. 5 days
Stay in this community (yrs., or mos., or days) (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 934 N. Bond St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME: Clarence Fedd

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife ---

6(c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 22, 1932

8. AGE:

Years	Months	Days	If less than one day
7	9	0	---hrs. ---min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Scholar

11. Industry or business ---

MOTHER
12. Name Willie Fedd
13. Birthplace Greenwood, S. C.

FATHER
14. Maiden name Novella Hill
15. Birthplace Greenwood, S. C.

16. Informant Dr. Reuben Hoffman
Address Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27 1939 (month) (day) (year)

Cemetery or crematory Mount Calvary

Location Baltimore Co Maryland

18. Funeral director Mrs Lottie Gloss

Address 1408 Ashland ave Baltimore md

19. 12/22/39 (Date rec'd by registrar) 19 Albert R Swanbourne Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1939 19 5:05 P.M., at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1938 19 to Dec. 22, 1939 19, and that I last saw him alive on Dec. 22, 1939 19

Immediate cause of death: Acute Congested Heart Failure — DURATION: Dec. 22 1939

Due to: Bone Tuberculosis & Pulmonary Tuberculosis — March 1938

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---

Of autopsy No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of --

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? --

23. SIGNATURE Reuben Hoffman, M. D.
M. D. or other

Address Henryton, Maryland Date signed

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11896

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Berrett Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) five years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Carroll

City or town Berrett Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sykesville R.D. R 7 D 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Fleming

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Emma Fleming

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1865

8. AGE: Years	Months	Days	If less than one day
84	10	16	hrs. min.

9. Birthplace Carroll Co, Md. (Town, county, and state)

10. Usual occupation Farmer - retired

11. Industry or business

FATHER 12. Name Charles L. Fleming

13. Birthplace Carroll Co. Md.

MOTHER 14. Maiden name Mary C. Barnes

15. Birthplace Carroll Co. Md.

16. Informant William T. Fleming

Address Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1940 (month) (day) (year)

Cemetery or crematory Ebenezer cemty.

Location

18. Funeral director C. M. Walty

Address Winfield Md.

19 Jan 1 (Date rec'd by registrar) Edna M. Hewitt Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 19 39 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1937 19 to Dec 30 19 39, and that I last saw him alive on 12/30/39 19

	DURATION
Immediate cause of death Chronic myocarditis	20 years
" general arteriosclerosis	" "
Due to Chronic nephritis	" "
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. Fleming M.D. M. D. or other

Address Sykesville, Md. Date signed 12/30/39

RECEIVED
JAN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11897

1. PLACE OF DEATH (93-C)

County CARROLL Registration Dist. No. 78

Village or City WINFIELD No. WESTMINSTER RFD 6 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MAGGIE ARDENIA GIBSON If U. S. Veteran, specify WAR

(a) Residence: No. WINFIELD RFD 6 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AUGUSTUS GIBSON

6. DATE OF BIRTH (month, day, and year) JUNE 13 1884

7. AGE: Years 55 | Months 6 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 38 ?

12. BIRTHPLACE (city or town) (State or country) Carroll County ?

FATHER

13. NAME Isaac Deikus ?

14. BIRTHPLACE (city or town) (State or country) Carroll ?

MOTHER

15. MAIDEN NAME Elizabeth Castley

16. BIRTHPLACE (city or town) (State or country) Carroll ?

17. INFORMANT (Address) Olia Daisey Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Cemty Date Dec. 27, 1939

19. UNDERTAKER (Address) C. M. Waltz Winfield Md

20. FILED Dec. 24, 1939 E. M. Farver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1939, to December 23, 1939

I last saw her alive on December 23, 1939; death is said to have occurred on the date stated above, at 7 20 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic myocarditis	

Other Contributory Causes of Importance:

Pyelitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 5 1928 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

11898

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll County

City or town: Union Bridge, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Samuel Graham

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Carrie Graham

Union Bridge, Md 6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): 1891-4-23

8. AGE:

Years	Months	Days	If less than one day
47	7	24	hrs. min.

9. Birthplace: Frederick County
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Graham
13. Birthplace: Penna

MOTHER
14. Maiden name: Emma Smith
15. Birthplace: Unknown

16. Informant: Mrs Carrie /Graham
Address: Union Bridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20-39 (month) (day) (year)

Cemetery or crematory: Baust Cemetary
Location: Near Westminster, Md.

18. Funeral director: Raymond K. Wright
Address: Union Bridge, Md.

19. Dec. 19 1939 (Date rec'd by registrar) Margaret R. Englar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1939, at 8 30/60 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-17 1939 to 12-17- 1939, and that I last saw him alive on 12-17- 1939

Immediate cause of death: Myocarditis, Chr. — DURATION: 10 yrs

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. N. Legg M. D.
M. D. or other

Address: Union Bridge — Date signed 12-18-39

RECEIVED
JAN 4 1940
BUREAU V. S.

11899

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (210-m)

County Carroll Registration Dist. No. 70

Village or City Taneytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Olga L. Graham If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Social Security 219-01-2044

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Oct 19, 1918

7. AGE Years 21 Months 1 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Worker in

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Blue Ridge Rubber Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles C Graham

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian Gernand

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Graham (Address) Taneytown Md

18. BURIAL, CREMATION, OR REMOVAL Place Beser Dam Date Dec 21, 1939

19. UNDERTAKER C. D. Fuss & Son (Address) Taneytown Md

20. FILED Dec 20, 1939 Ethel M Mehring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 18 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Multiple Fracture Ufo Arm and forearm	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/18, 1939

Where did injury occur? Taneytown - Carroll Co. Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Automobile Accident

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. T. Marsh Deputy Medical Examiner M.D.

(Address) New Windsor Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 3 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a)

Reg. Dist. No. 74

11900

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Springfield State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos. 8 das.

(e) Length of stay in this community (yrs., mos., or days) 6 mos. 8 das.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County [illegible]

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 635 Gorsuch Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Robert E. Lee Hall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Amy Short

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 19, 1862

8. AGE: Years 77 Months 8 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business Law

FATHER

12. Name Robert E. Hall

13. Birthplace Virginia

MOTHER

14. Maiden Name Mary Fowler

15. Birthplace Ohio

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Wm Cook

(b) Address 1217 St Paul St Balto Md

19 (a) 12/9/39 (Date rec'd by registrar) (b) C Harry Weir Registrar

MEDICAL CERTIFICATION

20. Date of death December 9, 1939, at 1:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1939, to Dec. 9, 1939, and that I last saw him alive on Dec. 9, 1939.

Immediate cause of death Chronic Myocarditis — Duration prior to 6/1/39

Due to Arteriosclerosis — 5 years

Due to Fracture due to accidental fall. CWER

Other conditions Senile Psychosis — 5 years

Fracture right ulna 4 days (Include pregnancy within 3 months of death)

Major findings

Of operations Pushed by another patient. He fell to the floor, from a wheel-chair. In "F" cottage, Springfield State Hospital.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident.

(b) Date of occurrence December 5th, 1939.

(c) Where did injury occur? Sykesville (City or town), Carroll (County), Maryland (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Springfield State Hospital (Specify type of place) While at work?

(e) Means of injury fell to floor, from wheel-chair.

23. Signature Samuel Barkoff M.D. (M. D. or other)

Address Springfield State Hospital Sykesville, Md

Date signed 12/9/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11901

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Ridgeville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) three yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Ridgeville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles E. Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Hannis D. Harris

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1864

8. AGE: Years	Months	Days	If less than one day
75	7	1	hrs. min.

9. Birthplace Ridgeville (Town, county, and state)

10. Usual occupation Ticket Agent

11. Industry or business B & O. R.R.

FATHER 12. Name Thomas Harris

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace

16. Informant Blanch Renner

Address Mt. Airy Md.

17. Burial Date thereof Dec. 8 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Prospect Cemty.

Location Near Mt. Airy Md.

18. Funeral director C. M. Walty

Address Winfield, Md.

19. Dec 8 1939 Thos D Snyder

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1939 at 11:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Dec 6 1939

and that I last saw him alive on Dec 6 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	2da
Due to Hypertension	10 yrs
Due to Arterio Sclerosis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. or other

Address Mt Airy Date signed 12/7/39

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JAN 2 1940
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11902

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 25 days
Stay in this community (yrs., or mos., or days): above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1615 Sarah Ann Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Anne Cleo Jones

3. (b) Social Security Number: --

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ---
--- 6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 25, 1912

8. AGE: Years: 27 Months: 6 Days: 0 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D. C. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Unknown
FATHER
12. Name: Jefferson Jones
13. Birthplace: Unknown
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Reuben Hoffman, M. D.
Address: Henryton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12 28 39 (month) (day) (year)
Cemetery or crematory: Mt. Calvary Cemetery
Location: Cedar Hill - Md.
18. Funeral director: Elroy O. Wilson
Address: 1000 Brantley Ave.
19. 12/25/39 (Date rec'd by registrar) 19 Albert R. Swankhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25, 1939, at 11.10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec., 1, 1939, to Dec., 25, 1939, and that I last saw her alive on December 25, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: Aug. 1939
Due to: ---
Due to: ---
Other conditions: ---

(Include pregnancy within 3 months of death)
Major findings:
Dt operations: ----

Dt autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of: ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: --- Injured at work?

23. SIGNATURE: Reuben Hoffman, M.D. M. D. or other
Address: Henryton, Md. Date signed: 12/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 6 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11903

1. PLACE OF DEATH (49A)

County Carroll Registration Dist. No. 79

Village or City Keysville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs Annie L. Kiser If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James A. Kiser

6. DATE OF BIRTH (month, day, and year) April 9, 1874

7. AGE Years 65 Months 8 Days 0 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Ephrium Bentzel

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary C. Boose

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) James A. Kiser Keymar, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Keysville, Md Date Dec. 19, 1939

19. UNDERTAKER (Address) C. D. Fuss & Son Tomeytown, Md.

20. FILED 12/9/ 1939 Mrs. Rhea S. Dilled Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Dec 9, 1939 I last saw her alive on Dec 9, 1939; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries	1937
General carcinomatosis	1939

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Roland R. Diller M. D.

(Address) Detour Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel, etc.** For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

11904

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 months, 10 days
Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore City
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 214 S. Bouldin Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Kist

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth C. Cruse
6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 5, 1857(?)

8. AGE: Years	Months	Days	If less than one day
82	7	21	____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: United Railroad, collecting and selling junk.

FATHER
12. Name: ------Kist
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Records of Springfield State
Address: Hospital, Sykesville, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof 12/29-39 (month) (day) (year)
Cemetery or crematory: Baltimore Comm
Location: East. North. Ave.
18. Funeral director: John A. McMan
Address: 3000 E. Balto St.
19. Dec. 26 1939 (Date rec'd by registrar) C. Harry Meier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 26th, 1939, at 2:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16th 1939, to Dec. 26th 1939, and that I last saw him alive on December 25th 1939

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	Prior to 1937
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Adam Jacoby M. D. or other
Address: Sykesville Md. Date signed 12-26-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 2 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11905

Reg. Dist. No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
133 E. Main

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. E. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catharine Simeon Lantz

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	widowed

6 (b) Name of husband or wife Charles Lantz

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23 - 1866

8. AGE: Years	Months	Days	If less than one day
73	2	16	hrs. min.

9. Birthplace Westminster Carroll, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Daniel Simeon
13. Birthplace Germany

MOTHER
14. Maiden name Marie Baker
15. Birthplace Germany

16. Informant Mrs Eva Lantz

Address Westminster Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 12-1939 (month) (day) (year)

Cemetery or crematory Westminster Cemetery

Location Westminster Maryland

18. Funeral director H Bankard & Son

Address Westminster md

19. 12/11 (Date rec'd by registrar) 1939 H.G. Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9th 1939 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14th 1939, to Dec. 9th 1939, and that I last saw h- alive on Dec. 9th 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 2 days

Due to Arterio Sclerosis — Several yrs

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H.G. Woodward, M.D.
M. D. or Coroner

Address Westminster Date signed 12/11/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11906

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8 days
Stay in this community (yrs., or mos., or days): 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Allegany
City or town: Greenridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward R. Malone

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unk.

8. AGE:

Years	Months	Days	If less than one day
49			____ hrs. ____ min.

9. Birthplace ?
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden name ?
15. Birthplace ?

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1939 (month) (day) (year)
Cemetery or crematory: Paw Paw
Location: W. Va.

18. Funeral director: C. H. Hess
Address: Sykesville Md.

19. Dec. 27 1939 C. Harry Hess
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 1939, at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939 to Dec. 23 1939, and that I last saw him alive on Dec. 22 1939.

	CURATION
Immediate cause of death: Bronchopneumonia	5 Days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Joseph H. Marshall, M.D.
M. D. or other
Address: Springfield State Hospital Date signed 12-23-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

11907

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch

Stay in hospital or inst. (yrs., or mos., or days): 3 Mo. 4 days

Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 407 Railroad Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eleanora Elizabeth Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife: Robert Matthews

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 12, 1913

8. AGE:

Years	Months	Days	If less than one day
26	10	20	____ hrs. ____ min.

8. Birthplace: Towson, Maryland
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Unknown

FATHER
12. Name: Benjamin Wilson
13. Birthplace: Towson, Md.

MOTHER
14. Maiden name: Mary Jackson
15. Birthplace: Belair, Md.

16. Informant: Reuben Hoffman, M. D.

Address: Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 7-39 (month) (day) (year)

Cemetery or crematory: Pleasant Rest

Location: Towson - Md.

18. Funeral director: Mrs. Katie R. Williams

Address: 322 N Schroeder St.

19. 12/2/39 (Date rec'd by registrar) 19 Deputy Local Registrar: Albert R. Swankhaus

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2, 1939, at 3.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug., 28, 1939 19__, to Dec., 2, 1939, and that I last saw her alive on December 2, 1939.

Immediate cause of death: Pulmonary Tuberculosis

Due to: ----

Due to: ----

Other conditions: ----
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ----

Of autopsy: No Autopsy

DURATION: Aug. 1939

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work?

23. SIGNATURE: Reuben Hoffman, M.D. M. D. or other

Address: Henryton, Md. Date signed: 12/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11908

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs. or mos., or days): 7 mos., 10 days
Stay in this community (yrs., or mos., or days): 7 mos., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Washington
City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 755 Summit ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Blanche Mc Cann

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~: John Mc Cann
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 28, 1889

8. AGE:

Years	Months	Days	If less than one day
50	4	29	hrs. min.

9. Birthplace: Hagerstown, Washington Co., Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Fred Grove
13. Birthplace: W. Va.
MOTHER 14. Maiden name: Jane Heaslip
15. Birthplace: Ireland
16. Informant: Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30, 1939 (month) (day) (year)
Cemetery or crematory: Rest Haven Cem.
Location: Hagerstown Md.
18. Funeral director: Fred W. Kaaiss
Address: Hagerstown Md.
19. Dec 28 1939 (Date rec'd by registrar) C. Nancy Keen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27 1939, at 5 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17, 1939, to Dec 27 1939, and that I last saw her alive on Dec 27 1939.

	DURATION
Immediate cause of death: Clergic myocarditis c myocardial degeneration	6 yrs.
~~Due to~~: Psychosis c meningo-vascular syphilis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph N. Marshall, M.D.
M. D. or other
Address: Springfield State Hospital Date signed: 12-28-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11909

Reg. Diat. No. 74

1. PLACE OF DEATH:
County Carroll
City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 5 yrs.
Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Allegany
City or town Lonaconing Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 31 Douglas Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hugh McGinn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: none
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 17, 1880

8. AGE:

Years	Months	Days	If less than one day
59	7	0	____ hrs. ____ min.

9. Birthplace: Lonaconing, Md. (Town, county, and state)
10. Usual occupation: Hosp. orderly
11. Industry or business: Hosp.

FATHER
12. Name: Hugh S. McGinn
13. Birthplace: Ireland

MOTHER
14. Maiden name: Elizabeth Conrie
15. Birthplace: Scotland

16. Informant: Records of Springfield State
Address: Hosp., Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1939 (month) (day) (year)
Cemetery or crematory: Lonaconing Cemetery
Location: Lonaconing Md.

18. Funeral director: P. C. Wentford
Address: Cumberland Md.

19. Dec. 17 1939 (Date rec'd by registrar) C. Harry Kerr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1939 at 12.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 39 to December 17 39 AM
and that I last saw him alive on December 17 1939

Immediate cause of death	DURATION
Coronary Thrombosis	12 hrs.
Due to	
Due to	
Other conditions: Diabetes	Prior to
Generalized Arteriosclerosis	adm.

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alan Jackson M. D. or other
Address Springfield State Hosp. Date signed Dec. 17 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

//

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(59)

11910

Reg. Dist. No. 77

1. PLACE OF DEATH:
County Carroll.
City or town Hampstead. MD.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 66 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Hampstead, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Annie Elizabeth Millender

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife D. Howard Millender
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 29, 1873.

8. AGE: Years 66 Months 4 Days 12 If less than one day hrs. min.

9. Birthplace Hampstead Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business Housekeeping
FATHER 12. Name David D. Ritchy
13. Birthplace Maryland.
MOTHER 14. Maiden name Mary Jane Henry.
15. Birthplace Maryland
16. Informant Mrs Annie Tracey
Address Hampstead, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13/39 (month) (day) (year)
Cemetery or crematory Hampstead
Location Hampstead Md
18. Funeral director Edw C Tipton
Address Hampstead Md
19. 12/12 1939 (Date rec'd by registrar) John S. Hughes Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1939, at 3 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1937, to Dec 11 1939, and that I last saw her alive on Dec 10 1939.

Immediate cause of death
Chronic Interstitial Nephritis — DURATION ?
Chronic Myocarditis — ?
Due to Diabetes Mellitus — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE Joseph E. Bush M.D.
M. D. or other
Address Hampstead Md Date signed 12-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11911

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 16 days
Stay in this community (yrs., or mos., or days): 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Washington
City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Miller

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Eudeene A. Miller
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 14 1867
8. AGE: Years: 76 Months: 5 Days: 3 If less than one day: hrs. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: James Miller
13. Birthplace: W. Va.
MOTHER 14. Maiden name: Elizabeth Rennsburg
15. Birthplace: Md.
16. Informant: Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20 1939 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Martinsburg W. Va.
18. Funeral director: Fred W. Grabs
Address: Hagerstown, Md.
19. Dec 18 1939 (Date rec'd by registrar) C Nancy Keen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17, 1939, at 9:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939, to Dec 17 1939, and that I last saw h[illegible] alive on Dec. 17 1939.

Immediate cause of death — DURATION
Hypertensive cardio-vascular disease — 12/1/39 (illegible)
Generalized arteriosclerosis — 12/1/39
Due to: Gangrene dry, of right foot — 12/16/39
Hypostatic pneumonia — 12/17/39
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Joseph H. Marshall, M.D.
M. D. or other
Address: Springfield State Hospital Date signed 12/17/39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-c)

CERTIFICATE OF DEATH

11912

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 days
Stay in this community (yrs., or mos., or days): 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore City
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2540 Arunah Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Jay Moore

3. (b) Social Security Number: 705-03-6173

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Elizabeth Davis Moore

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Oct 31 - 1889

8. AGE: Years: 50 Months: 1 Days: 24 If less than one day: ____ hrs. ____ min.

9. Birthplace: Franklin, N.C. (Town, county, and state)

10. Usual occupation: Boilermaker's helper

11. Industry or business: B & O. Railroad

FATHER
12. Name: Joab Moore
13. Birthplace: ?

MOTHER
14. Maiden name: Lillian McDonald
15. Birthplace: ?

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 27. 1939 (month) (day) (year)
Cemetery or crematory: Western
Location: Balto. Md.

18. Funeral director: Mr. & Mrs. John W. Pufel & Son
Address: 801 W. Fayette St

19. Dec. 24 1939 (Date rec'd by registrar) Harry Steer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1939, at 9:25 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19 1939, to Dec. 24 1939, and that I last saw him alive on Dec. 23 1939.

	DURATION
Immediate cause of death: Huntington's Chorea	5-6 yrs.
Due to: Myocardial degeneration	5 days (Hilburn)
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cortical atrophy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph H. Marshall, M.D. M. D. or other
Address: Springfield State Hospital Date signed: 12-24-39

DEC 26 1939

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 70

11913

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Taneytown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: East Main St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. East Main St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ann Nusbaum

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ David R. Nusbaum Dead

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1857

8. AGE: Years 82 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Taneytown Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER
12. Name Rudolph Martin
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta Harner
15. Birthplace Md

16 (a) Informant Harry Nusbaum
(b) Address Taneytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 39 (month) (day) (year)
(c) Cemetery or crematory Baust Cemetary
Location near Taneytown

18 (a) Funeral director D. D. Hartzler & Sons
(b) Address New Windsor Union Bridge

19 (a) Dec 12 1939 (Date rec'd by registrar) Ethel M. Mehring Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 11 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8th 1939, to Dec 11th 1939, and that I last saw him alive on Dec 11th 1939.

Immediate cause of death Angina Pectoris — Duration 1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Benner MD (M. D. or other)
Address Taneytown MD Date signed 12/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11914

Reg. Dist. No. 7-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 yrs., 10 mos., 18 days.
Stay in this community (yrs., or mos., or days): 6 yrs., 10 mos., 18 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore City
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2854 Rayner Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Pastorius

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: W
6. (a) Single, married, widowed, or divorced: ~~Widowed~~ Single
6 (b) Name of husband ~~or wife~~: ~~John Schafer~~
6(c) If alive, give age: ____ years
7. Birth date of deceased (mo., day, yr.): Dec. 13, 1907
8. AGE: Years: 32 Months: ____ Days: 9 If less than one day: ____ hrs. ____ min.
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Gustav Pastorius
13. Birthplace: Md.
MOTHER 14. Maiden name: Presley
15. Birthplace: Md.
16. Informant: Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 26, 1939 (month) (day) (year)
Cemetery or crematory: Loraine
Location: Baltimore Md.
18. Funeral director: D. Few Mitchell
Address: Baltimore Md.
19. Dec. 23 1939 (Date rec'd by registrar) C. Harry Hoer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22 1939, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 4 1933 to Dec. 22 1939, and that I last saw h~~er~~ alive on Dec. 22 1939.

Immediate cause of death	DURATION
Adenocarcinoma of stomach	11-30-39
Adenocarcinoma of ovaries	11-30-39
Due to Metastases to peritoneum	11-30-39
Pulmonary hemorrhages	12-22-39
Due to Primary carcinoma of stomach cause	
Duration: six months	
Other conditions The pulmonary hemorrhages, which were very minute, were considered due to the anemia.	

(Include pregnancy within 3 months of death)

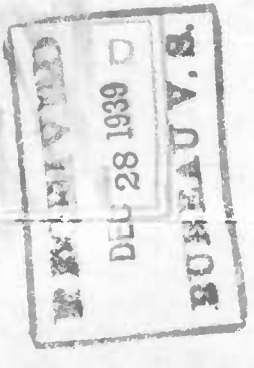
Major findings:
Of operations: As above (except pulmonary hemorrhages).
Of autopsy: As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Joseph H. Marshall, M.D. M. D. or other
Address: Springfield State Hospital Date signed: Dec. 22, 1939

Authorization to change to single see letter filed under Darling in permanent file. 2/1/40



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27)

CERTIFICATE OF DEATH

11915

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or instn. (yrs., or mos., or days) 1 yr. 1 mo. 10 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Baltimore
City or town Colgate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6515 Fait Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jennie Paul

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 8. 1890

8. AGE: Years	Months	Days	If less than one day
49	9	19	____ hrs. ____ min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Hospital Records
Address Sykesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/30/39 (month) (day) (year)
Cemetery or crematory Oakland Cemetery
Location Eastern Ave Extended
18. Funeral director William Cook
Address 1217 S. Paul Street
19. Dec 29 1939 (Date rec'd by registrar) Harvey Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3 1939 to Dec. 27 1939, and that I last saw he alive on Dec. 27 1939.

Immediate cause of death	DURATION
Cholecystitis	12-7-39
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Maud M. Rees M. D.
M. D. or other
Address Sykesville Date signed 12-27-39

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JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11916

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 4 Mos. 7 Days
Stay in this community (yrs., or mos., or days): (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1331 W. Lafayette Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Clarence Peterson

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife: ---

6(c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): Sept. 30, 1921

8. AGE:

Years	Months	Days	If less than one day
18	2	1	---hrs. ---min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual occupation: Grocery Clerk

11. Industry or business: ---

FATHER
12. Name: Clarence Peterson
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Ella Williams
15. Birthplace: North Carolina

16. Informant: Dr. Reuben Hoffman
Address: Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/4/39 (month) (day) (year)
Cemetery or crematory: Mt. Auburn
Location: West Port City

18. Funeral director: T. E. Kelson
Address: 1303 Pressman St

19. 12/1/39 (Date rec'd by registrar) 19 Albert R. Swanklaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 1, 1939 10:30 A.M. 19 ---, et --- M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1939 19 --- to Dec. 1, 1939 19 ---, and that I last saw him alive on Dec. 1, 1939 19 ---.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: June 1939

Due to: ---

Due to: ---

Other conditions: ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ---

Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of: --
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ---
Means of injury: -- Injured at work? --

23. SIGNATURE: Reuben Hoffman M. D.
Address: Henryton, Maryland M. D. or other
Date signed: 12/1/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11917

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 mos., 25 days
Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2621 Meisel St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No record

3. (a) FULL NAME: George T. Phelps

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE:

Years	Months	Days	If less than one day
85	Unk.	Unk.	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Bridge-tender

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Maryland

16. Informant: Springfield Hospital Record
Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1939 (month) (day) (year)
Cemetery or crematory: Solley's Cem.
Location: Solley's Md.

18. Funeral director: Thos. M. Manahan
Address: 715 Light St.

19. Dec. 18 1939 (Date rec'd by registrar) C. Harry Baer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17 1939 at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 22 1939 to Dec. 17 1939 and that I last saw him alive on Dec. 17 1939.

Immediate cause of death	DURATION
General Arteriosclerosis - prior to	8/22/39
Due to	
Due to	
Other conditions Chronic Myocardial Degeneration - prior to	8/22/39

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harry F. Baer, M.D.
M. D. or other
Address: Sykesville, Md. Date signed: 12-17-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 21 1939
BUREAU T. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74 11918

1. PLACE OF DEATH:
County Carroll
City or town Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days) 24 Days
Stay in this community (yrs., or mos., or days) (Above)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Route #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Riley Nelson Purnell

3. (b) Social Security Number 219-03-1927

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mamie Purnell
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1906

8. AGE: Years	Months	Days	If less than one day
33	4	1	____ hrs. ____ min.

9. Birthplace Berlin, Maryland
(Town, county, and state)
10. Usual occupation Hospital Attendant
11. Industry or business ---

FATHER
12. Name Riley T. Purnell
13. Birthplace Berlin, Md.

MOTHER
14. Maiden name Julie Showell
15. Birthplace Berlin, Maryland

16. Informant Dr. Reuben Hoffman
Address Henryton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 - 17 - 39 (month) (day) (year)
Cemetery or crematory Berlin Cemetery
Location Berlin Md
18. Funeral director C Harry Weer
Address Sykesville Md.

19. 12/13/39 (Date rec'd by registrar) 19 Albert R. Swankhaus Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1939 19 ____, at 6:07 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 20, 1939 to December 13, 1939 and that I last saw him alive on Dec. 13, 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Aug. 1939
Due to --	
Due to --	
Other conditions --	

(Include pregnancy within 3 months of death)
Major findings:
Of operations ---
Of autopsy No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide -- Date of --
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury --- Injured at work? --

23. SIGNATURE Reuben Hoffman, M.D.
M. D. or other
Address Henryton, Maryland Date signed 12/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11919

1. PLACE OF DEATH

County Carroll Registration Dist. No. 74

Village or City Mt Sykesville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still born infant Rheubottom If U. S. Veteran, specify WAR

(a) Residence: No. Premature St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) 12/26/39

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Rheubottom Jr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Rheubottom Jr (Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL Place Sykesville Md Date Dec 24, 1939

19. UNDERTAKER C H Weer (Address) Sykesville Md

20. FILED Dec 24, 1939 C Harry Weer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still born, 19, to, 19 I last saw it alive on, 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature (4½ months)

Date of onset

Other Contributary Causes of importance:

Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H H Barnes M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11920

Reg. Diat. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Carroll

City or town Westminster. Rural near

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Bond Street extended

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bond St. Extended

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME

Helen (Lease) Rickell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ Raymond B Rickell

6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 22, 1887

8. AGE: Years	Months	Days	If less than one day
52	5	13	hrs. min.

9. Birthplace Westminster, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William Lease

13. Birthplace Maryland

MOTHER 14. Maiden name Henrietta Case

15. Birthplace Maryland

16. Informant Raymond B. Rickell

Address Westminster, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1939 (month) (day) (year)

Cemetery or crematory St. Johns Catholic Cemetery

Location Westminster Maryland

18. Funeral director H Bankard & Son

Address Westminster, Maryland

19. Dec 7 1939 CR Fogle Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1939, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1939, to Dec. 5 1939, and that I last saw her alive on Dec. 5, 1939

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Reese Williams M.D. M. D. or other

Address Westminster Date signed 12-6-39

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JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C)

Reg. Dist. No. 71

11921

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town near Uniontown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude May Robertson

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James W Robertson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1880

8. AGE: Years 58 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Uniontown
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business at home.

FATHER
12. Name Charles W. Haines
13. Birthplace Uniontown

MOTHER
14. Maiden Name Francis Anna Stern
15. Birthplace Uniontown

16 (a) Informant Francis Gertrude Hahn
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-39 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetary
Location in Uniontown Md

18 (a) Funeral director D D Hartler & Sons
(b) Address New Windsor Md

19 (a) Dec 18, '39 (Date rec'd by registrar) (b) Margaret R. Englar Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 18 1939, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 18 1939, and that I last saw him alive on ER Dead Dec 18 1939.

Immediate cause of death Myocardial degeneration with auricular fibrillation — Duration 1 mo.

Due to arteriosclerosis & hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Glenn Speicher M. D. or other
Address Westminster Md Date signed Dec 18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

11922

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Rural – near Keymar
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Home
Stay in hospital or Inst. (yrs., or mos., or days): Home
Stay in this community (yrs., or mos., or days): 18 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Rural near Keymar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: near Keymar, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Henry Schaefer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ellen Elizabeth Bowersock
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Mar. 27, 1864

8. AGE:

Years	Months	Days	If less than one day
75	8	23	____ hrs. ____ min.

9. Birthplace: (Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business: Own shop
FATHER
12. Name: John Henry Schaefer
13. Birthplace: Germany
MOTHER
14. Maiden name: Margaretha Bauer
15. Birthplace: Germany
16. Informant: M. E. McKee
Address: 314 Birch St., Carney's Pt., N.J.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 23, 1939 (month) (day) (year)
Cemetery or crematory: Western Cemetary
Location: Edmondson Ave., Baltimore, Md.
18. Funeral director: Wm. Cook
Address: 1217 St. Paul St., Baltimore, Md.
19. Dec. 20 1939 (Date rec'd by registrar) Ethel M. Mehring Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 20 1939 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 13 1939, to Dec. 19 1939, and that I last saw him alive on Dec. 19 1939.

Immediate cause of death	DURATION
Chronic Nephritis	10 Yrs.
Due to Prostatic Hypertrophy	15 yrs.
Due to Arteriosclerosis	15 yrs.
Other conditions Chronic Myocarditis	10 yrs.
Varicose Ulcers Legs	40 Yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. S. McVaugh M.D.
M. D. or other
Address: Taneytown, Md. Date signed: 12/20/39

JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11923

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 mo. 6 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2869 Chesapeake Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Saleeman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife George Saleeman
6(c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Dec. 17 1872.

8. AGE: Years	Months	Days	If less than one day
67	0	8	hrs. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Hospital Records
Address Sykesville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1939 (month) (day) (year)
Cemetery or crematory Western Cem
Location Edgewood Ave
18. Funeral director John Ulland
Address 2008 Orleans St
19. Dec. 26 1939 (Date rec'd by registrar) C. Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 1939 to Dec. 25 1939
and that I last saw h- alive on Dec. 25 1939

	DURATION
Immediate cause of death: Facial Erysipelas	12. 20. 39
Due to: Diabetes Mellitus	Unknown
Due to:	
Other conditions: General Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Mans M. Rice M. D.
M. D. or other
Address Sykesville Md. Date signed 12-26-39

RECEIVED
DEC 29 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11924

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Carroll

City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 12 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Serenenta Couma Semenza

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: unknown

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 99 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: J. H. Lavezza
Address: Baltimore Md.

17. Holy Redeemer Burial
(Burial, cremation, or removal, Which?)
Date thereof: Dec 19, 39
(month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Belair Rd. (Balto)

18. Funeral director: F. V. Pipitone

Address: 2818 E. Balto St

19. Dec. 18 1939 C. Harry Weer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17th 1939 1205 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1938, to Dec 17 1939, and that I last saw him alive on Dec 17 1939.

Immediate cause of death: Bronko Pneumonia — DURATION: 3 days

Due to:

~~Due to~~ Hypertension
Ch. Myocarditis — unknown

Other conditions: arterio Sclerosis
Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. W. Master
M. D. or other

Address: Sykesville Date signed: Dec 17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 20 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-C

11925

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville

(If outside city or town limits, write RURAL NEAR, and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 17 yr. 8 mo. 26 da

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 24 East — 4th. St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Mae Shaff

3. (b) Social Security Number

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife /

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27. 1868

8. AGE: Years 71 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Frederick County Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Solomon Shaff

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden name Sarah Keller

15. Birthplace Frederick Co. Md

16. Informant Hospital Records

Address Sykesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11 1939 (month) (day) (year)

Cemetery or crematory Mt. Olivet Cem.

Location Frederick Md.

18. Funeral director M. R. Etchison & Son

Address Frederick Md.

19. 12/9/39 (Date rec'd by registrar) 19 Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1939, at 8.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1st 1939, to Dec. 8th 1939, and that I last saw her alive on Dec. 8, 1939.

Immediate cause of death Carcinoma of the Intestine

DURATION 7-1939

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maud M. Rees M. D. M. D. or other

Address Sykesville Md. Date signed 12-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11926

Reg. Dist. No. 77

1. PLACE OF DEATH:

County Carroll.

City or town Hampstead Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll.

City or town Hampstead Md Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Emma Jane Shue.

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Andrew C. Shue

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 13, 1861.

8. AGE: Years 78 | Months 4 | Days 11. | If less than one day — hrs. — min.

9. Birthplace Codorus Township. Penn.

(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business Housekeeping.

FATHER

12. Name John Hoff

13. Birthplace Pennsylvania.

MOTHER

14. Maiden name Sarah Stumps.

15. Birthplace Pennsylvania.

16. Informant Cornelius Shue.

Address Hampstead Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12-27-39 (month) (day) (year)

Cemetery or crematory Hampstead

Location Hampstead, Md

16. Funeral director Edw C Tipton

Address Hampstead Md

19. 12/25 1939 (Date rec'd by registrar) John S. Hughes. Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 4.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1939, to Dec 24 1939, and that I last saw her alive on Dec 24 1939.

Immediate cause of death Cerebral Hemorrhage

DURATION 5 Days.

Due to Hypertensive Cardio-renal vascular disease ?

Due to Chronic Interstitial Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Joseph E. Bush. M.D. M. D. or other

Address Hampstead Md. Date signed 12-24-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JAN 3 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11927

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium (Colored Branch)
Stay in hospital or inst. (yrs., or mos., or days): 3 mos., 6 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George's
City or town: Baden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: --

3. (a) FULL NAME: Helen Elizabeth Slater

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	single

6 (b) Name of husband or wife: --

6(c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): July 16, 1921

8. AGE: Years: 18 Months: 5 Days: 8 If less than one day: hrs. min.

9. Birthplace: Baden, Md. (Town, county, and atate)

10. Usual occupation: domestic

11. Industry or business: --

FATHER
12. Name: George Samuel Slater
13. Birthplace: Baden, Md.

MOTHER
14. Maiden name: Mary Alberta Simms
15. Birthplace: Baden, Md.

16. Informant: Reuben Hoffman, M.D.
Address: Henryton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27/39 (month) (day) (year)
Cemetery or crematory: St. Thomas Church Co.
Location: Aquasco, Md

18. Funeral director: Andrew J. Lyons
Address: Aquasco Maryland

19. 12/24/39 (Date rec'd by registrar) 19 Albert R. Swarthout Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24, 1939, at 6:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18 1939 to Dec. 24 1939 and that I last saw her alive on Dec. 24 1939

Immediate cause of death: Pulmonary tuberculosis. — DURATION: Began March 1939

Due to:

Due to:

Other conditions: --

(Include pregnancy within 3 months of death)

Major findings:
Of operations: --
Of autopsy: --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE: Reuben Hoffman M.D. M. D. or other
Address: Henryton, Md. Date signed 12/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110)

11928

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County: Carroll

City or town: Rural near Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 81 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Rural near Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Slorp

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Minerva Taylor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 22, 1858

8. AGE:

Years	Months	Days	If less than one day
81	5	13	____ hrs. ____ min.

9. Birthplace: Sandyville, Carroll, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Jacob Slorp
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Tanner
15. Birthplace: Maryland

16. Informant: Wm. Albert Slorp
Address: Sandyville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-7-39 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: near Carrollton, Md.

16. Funeral director: J. Francis Reese
Address: Westminster, Md.

19. 12/5 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5th 1939, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 29th 1939, to December 5th 1939, and that I last saw him alive on December 5th 1939.

Immediate cause of death: Acute Fibrinous Pleurisy — DURATION: 1 month.

Due to

Due to

Other conditions: Chronic Cystitis + Chr. Prostatitis —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Stuart Bare (M.D.)
M. D. or other
Address: Westminster Md. Date signed 12/5/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
U. S. AU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11929

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Carroll

City or town Sykesville, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Springfield State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 20 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3827 Wilkins Ave –

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alonzo Squires

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed -?-

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1880

8. AGE: Years 59 | Months 4 | Days | If less than one day hrs. min.

9. Birthplace Baltimore, Md

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Alonzo Squires

13. Birthplace Baltimore, Md

MOTHER 14. Maiden name Mary Bennie

15. Birthplace Baltimore County

16. Informant Robert L. Brooks

Address 338 Hollins St, Balt. Md

17. Burial Date thereof 1-3-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Olivet Cem

Location Frederick Ave

18. Funeral director Robert Brooks & Son

Address Calhoun & Hollins Sts

19. 1 Jan 40 1940 Nanny Weer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 6:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11 1939, to December 30 1939, and that I last saw him alive on December 30 1939

Immediate cause of death	DURATION
Arteriosclerosis	10-13-'37
Due to Bronchopneumonia	Dec. 20-'39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Virginia Beyer M.D.

M. D. or other

Address Sykesville, Md Date signed Dec. 31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11930

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Carroll

City or town Mr Westminster R. D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Carroll

City or town Rural near Pleasant Valley Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pleasant Valley Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William F. Stair

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

B (b) Name of husband or wife Edna Mae Stair

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1883

8. AGE:

Years	Months	Days	If less than one day
56	0	1	hrs. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Isiah Stair

13. Birthplace Md

MOTHER 14. Maiden name Mary C. Bankard

15. Birthplace Md

16. Informant Mrs. Edna M. Stair

Address Westminster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8, 1939 (month) (day) (year)

Cemetery or crematory Cemetery

Location Pleasant Valley

18. Funeral director C. O. Fuss & Son

Address Lamertown, Md.

19. 12/6 1939 (Date rec'd by registrar) F. C. Woodward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11, 1939, to Dec. 5 1939, and that I last saw him alive on Dec 1, 1939 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to Hypertensive cardio-vascular disease	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Reese Wilkens M.D

M. D. or other

Address Westminster Date signed Dec 5 1939

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JAN 5 1960
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11931

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Carroll
City or town Nr. Mount Airy
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter W. Stewart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

B (b) Name of husband or wife Mary Stewart
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1868

8. AGE: Years 71 Months 5 Days 15 If less than one day hrs. min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name West Stewart
13. Birthplace Frederick Co.

MOTHER 14. Maiden name Mary R. Mullinix
15. Birthplace Howard Co.

16. Informant Luther Stewart
Address Mt Airy Md.

17. Burial Date thereof Dec 7, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Montgomery Chapel Cem
Location Nr. Damascus Montgomery Co.

18. Funeral director E. M. Snyder
Address Mt. Airy Md.

19. Dec. 6 1939 Wm D Snyder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at 12 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 4 1939
and that I last saw him alive on Dec 4 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	Dec
Due to Arteria Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. M. Van Poole M. D. or other
Address Mt Airy Md Date signed 12-5-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-B)

11932

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town near Westminster Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore Boulevard

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 11 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town near Westminster Ward No. X
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Baltimore Boulevard
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR X

3. (a) FULL NAME Mary Annaliza Taylor

3. (b) Social Security Number X

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~ John Elliot Taylor

X 6(c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) June 2nd. 1869

8. AGE: Years 70 | Months 6 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Media Pa.
(Town, county, and state)

10. Usual occupation X

11. Industry or business X

FATHER
12. Name John Major
13. Birthplace Ireland

MOTHER
14. Maiden name Margret Callahan
15. Birthplace Ireland

16. Informant Dr. Clifford Taylor

Address Westminster, Md.

17. Burial (Burial, cremation, ~~or removal, which?~~) Date thereof 12 26 39 (month) (day) (year)

Cemetery or crematory Kriders Cemetery

Location near Westminster, Md.

18. Funeral director J. E. Myers Jr.

Address Westminster, Md.

19. 12 30 1939 [signature] (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Dec 23 1939, and that I last saw her alive on Dec. 23 1939.

Immediate cause of death: Acute Cardiac Dilatation — DURATION: 1 day

Due to: Hypertensive Cardio Vascular Disease — 3 years.

Due to

Other conditions: Acute Chole lithiasis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas R Foutz MD
M. D. or other

Address Westminster Date signed 12/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11933

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Henryton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Tuberculosis Sanatorium Colored Branch
Stay in hospital or inst. (yrs., or mos., or days): 3 Mo,s 16 days
Stay in this community (yrs., or mos., or days): above.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 510 Myrtle Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Bessie Selena Travers
3. (b) Social Security Number:

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: ---
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): October 5, 1918
8. AGE: Years 21 | Months 2 | Days 21 | If less than one day: hrs. min.
9. Birthplace: Taylors Island, Md. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: Unknown
FATHER
12. Name: Thomas Travers
13. Birthplace: Taylors Island, Md.
MOTHER
14. Maiden name: Mary Griffin
15. Birthplace: Taylors Island, Md.
16. Informant: Reuben Hoffman, M. D.
Address: Henryton, Md.
17. 12/29/39 (Burial, cremation, or removal. Which?) Date thereof: 12-29-39 (month) (day) (year)
Cemetery or crematory: Taylors Island
Location: Taylors Island, Md.
18. Funeral director: Lewis H Baynerum
Address: Cambridge, Md
19. 12/25/39 (Date rec'd by registrar) 19 Albert R Swankhouse Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25, 1939, at 5.40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept., 9, 1939, to Dec., 25, 1939, and that I last saw her alive on December 25, 1939.
Immediate cause of death: Pulmonary Tuberculosis
DURATION: May 1939
Due to: ----
Due to: ----
Other conditions: ----
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ---

Of autopsy: ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

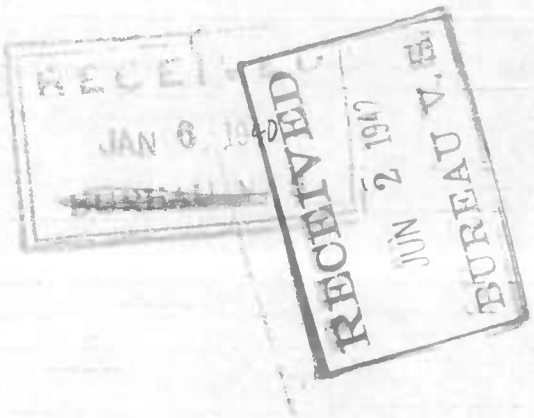
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: --- Date of: ---
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): --
Means of injury: --- Injured at work? --

23. SIGNATURE: Reuben Hoffman, M.D. M. D. or other
Address: Henryton, Md. Date signed: 12/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15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JAN 6 1940
RECEIVED
JUN 2 1947
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

CERTIFICATE OF DEATH

11934

Reg. Dist. No. 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Hampstead
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 years 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Near Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William A. Utz

3. (b) Social Security Number: 216-07-2098

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Laura C Utz
6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): April 13th 1876

8. AGE:

Years	Months	Days	If less than one day
63	8	5	hrs. min.

9. Birthplace: Near Hampstead Maryland (Town, county, and state)
10. Usual occupation: Cigar Maker
11. Industry or business
FATHER 12. Name: Amos Utz
13. Birthplace: Maryland
MOTHER 14. Maiden name: Harriett Shaffer
15. Birthplace: Maryland
16. Informant: Laura C Utz
X Address: Manchester Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-21-39 (month) (day) (year)
Cemetery or crematory: cemetery
Location: Greenmount Carroll Co Md
18. Funeral director: Jacob Wink's Sons
Address: Manchester Md
19. Dec 19 1939 (Date rec'd by registrar) John S. Hughes Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1939, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Dec 18 1939, and that I last saw him alive on Dec 18 1939.

	DURATION
Immediate cause of death:	
Cerebral Hemmorrage	8 hrs.
Due to: Hypertensive Cardio-Vascular	
Due to: Nephritis	7
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Joseph E. Bush M.D.
M. D. or other
Address: Hampstead Md Date signed 12-18-39

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JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11935

1. PLACE OF DEATH (210-m)

County Carroll Registration Dist. No. 70

Village or City Taneytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Albert Vaughn If U. S. Veteran, specify WAR —

(a) Residence: No. St., Ward. Social Security 218-05-7859

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Oct 16 - 1917

7. AGE: Years 22 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Furniture Factory

10. Date deceased last worked at this occupation (month and year) Dec 16 - 39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harney Md

FATHER

13. NAME William Vaugh

14. BIRTHPLACE (city or town) (State or country) Taneytown Md

MOTHER

15. MAIDEN NAME Carrie Wentz

16. BIRTHPLACE (city or town) (State or country) Taneytown Md

17. INFORMANT (Address) Wm Vaughn Taneytown Md R.D.

18. BURIAL, CREMATION, OR REMOVAL Lutheran Taneytown Date Dec 20, 1939

19. UNDERTAKER (Address) C. D. Fuss & Son Taneytown, Md.

20. FILED Dec. 20, 1939 Ethel M Mehring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at after 3 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broken Neck	

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/18, 1939

Where did injury occur? Taneytown Carroll Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Road leading to Key Mor

Manner of injury Automobile Accident

Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. T. Marsh - Deputy Medical Examiner M. D.

(Address) New Windsor Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11936

Reg. Dist. No. 74

1. PLACE OF DEATH:
County: Carroll
City or town: Sykesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Springfield State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4yrs.4mos. 2 das.
Stay in this community (yrs., or mos., or days): 4yrs.4mos. 2das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1118 Nanticoke St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph Osborne Wain (Samuels)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 7, 1913

8. AGE: Years	Months	Days	If less than one day
26	5	0	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Factory Worker (Lab.)
11. Industry or business
FATHER 12. Name: Joseph Sanders
13. Birthplace: New Jersey
MOTHER 14. Maiden name: Beatrice Lupine
15. Birthplace: Ottawa, Ontario.
16. Informant: Hospital Records
Address: Sykesville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1939 (month) (day) (year)
Cemetery or crematory: Springfield Hosp. Cem.
Location: Sykesville, Md.
18. Funeral director: C. V. Weer
Address: Sykesville Md.
19. Dec 9 1939 (Date rec'd by registrar) C. Harry Weer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7 1939, at 1:3 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16 1939 to Dec. 7, 1939
and that I last saw him alive on December 6 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	9mos.
Due to	
Due to	
Other conditions: Schizophrenia	4yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: M. Virginia Beyer M.D.
M. D. or other
Address: Sykesville, Md. Date signed: Dec. 7-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1916
BUREAU V. S.

11937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:
County: Carroll
City or town: Linebro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Carroll
City or town: Linebro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George E. Warner

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Ida Albright Warner
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 24. 1939

8. AGE: Years: 68 Months: 1 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Md
(Town, county, and state)
10. Usual occupation: Labour
11. Industry or business: Linebro Canning Co.
FATHER 12. Name: Henry Warner
13. Birthplace: Md
MOTHER 14. Maiden name: Lydia Miller
15. Birthplace: Md
16. Informant: Samuel W. Warner.
Address: Linebro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 13. 1939 (month) (day) (year)
Cemetery ~~or crematory~~: Linebro, Md.
Location: Tazewell Union Church
18. Funeral director: Geo. Geiple and Son.
Address: Glen Rock, Pa
19. Dec. 12 (Date rec'd by registrar) 19 Mrs. W. P. S. Denner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1939, at 5.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1937 to Dec 11 1939, and that I last saw him alive on Dec 10 1939.

Immediate cause of death: Cardio Vascular Renal disease — DURATION: 5 yrs

Due to

Due to

Other conditions: Uraemia — 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: William P S Denner M. D. or other
Address: Manchester Md Date signed: 12/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11938

Reg. Dist. No. 82

1. PLACE OF DEATH:
County Carroll
City or town Mrs Mt Airy Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Emma Wetzel

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Harry Wetzel
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1864

8. AGE: Years	Months	Days	If less than one day
75	3	5	hrs. min.

9. Birthplace Carroll Co.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Haines
13. Birthplace Carroll Co.

MOTHER
14. Maiden name Elizabeth Hizler
15. Birthplace Carroll Co.

16. Informant Mrs. Harry Wetzel
Address Mt Airy Md.

17. Burial Date thereof Dec 24 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Franklinville
Location Mr. Taylorsville Carroll Co.
18. Funeral director H. M. Snyder
Address Mt. Airy Md.
19. Dec. 22 1939 Thos. D. Snyder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1939, to Dec 21 1939, and that I last saw her alive on Dec 21 1939.

Immediate cause of death	DURATION
Cerebral Apoplexy	1 da
Due to Arterio Sclerosis	?
Due to Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Clanton Grabill M. D. or other
Address Mt Airy Md Date signed 12/24/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(48)

11939

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Carroll

City or town Westminster
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
75 Pennsylvania Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 75 Penn. Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Effie Grace Wimert

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ Luther E. Wimert

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1874

8. AGE:

Years	Months	Days	If less than one day
65	3	1	hrs. min.

9. Birthplace Westminster Carroll, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward H. Shaffer
13. Birthplace Maryland

MOTHER
14. Maiden name Eugenia Dayhoff
15. Birthplace Maryland

16. Informant L. E. Wimert
Address 75 Penn. Ave. Westminster, Md.

17. Burial Date thereof Dec. 24-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Krider's Cemetery

Location Nr. Westminster, Md.

18. Funeral director H. Bankard & Son

Address Westminster Maryland

19. 12/23 1939 [signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd 1939, at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about April 1st 1938, to Dec 22nd 1939, and that I last saw her alive on Dec. 21st 1939.

	DURATION
Immediate cause of death Acute Dilatation of heart	Few minutes
Due to Chronic Myocarditis	5 yrs.
Due to Obesity & vascular changes Diabetes	2 yrs.
Other conditions Chronic Nephritis, Carcinoma of uterus + metastasis	5 yrs. 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of uterus about 2 yrs ago.
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. T. Billingslea M. D. or other
Address Westminster, Md. Date signed 12-22-39

RECEIVED
JAN 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11940

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Carroll

City or town Union Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Liberty
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Austin Harvey Yingling

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband~~ or wife Alverta R. Yingling

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 - 1858

8. AGE:

Years	Months	Days	If less than one day
81	11	6	hrs. min.

9. Birthplace Union Mills, Carroll, Maryland
(Town, county, and state)

10. Usual occupation Retired Canner

11. Industry or business

FATHER
12. Name Martin Yingling
13. Birthplace Maryland

MOTHER
14. Maiden name Mary M. Black
15. Birthplace Maryland

16. Informant Calvin E. Bankert

Address Union Mills, Carroll Co. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12 - 1939 (month) (day) (year)

Cemetery or crematory Silverrun Cemetery

Location Silverrun Carroll Co. Md.

18. Funeral director H Bankard & Son

Address Westminster Maryland

19. Dec. 12th. 1939. (Date rec'd by registrar) Calvin E. Bankert, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec 3rd 1939, to Dec 8th 1939, and that I last saw him alive on Dec 8th 1939.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J Stewart M.D. or other 1939

Address Westminster Date signed Dec 10th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 13 1910
BUREAU V. S.

11941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:

County Carroll

City or town Gist, rural nr. Westminster Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Gist rural nr. Westminster Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Austin Robert Zepp Jr.

3. (b) Social Security Number None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1939

8. AGE: Years | Months | Days 23 | If less than one day hrs. min.

9. Birthplace Gist, Carroll County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Austin Robert Zepp
13. Birthplace Carroll County, Maryland

MOTHER
14. Maiden name Catherine Larue Walkling
15. Birthplace Carroll County, Maryland

16. Informant Austin Robert Zepp

Address Gist, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Zion

Location Gist, Carroll County, Md.

18. Funeral director H. Bankard & Son

Address Westminster, Md.

19. 1/19 1939 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19- 1939, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-27- 1939, to 12-19- 1939, and that I last saw him alive on 12-18-39 19

Immediate cause of death Premature Birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide None Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Jennette Mr. M.D. or other

Address Westminster Md. Date signed 12-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
U. S.